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This certificate must be filed with the attending physician or midwife with the Local Registrar within 3 days after birth.

PLACE OF BIRTH

County of Gila
 District of _____
 Town of _____
 or _____
 City of Globe

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 94ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 244Supplemental

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD James Byron Elledge { Born } YES
 { Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

| | | | | | |
|--------------------------|------------------------------|-----------|--------------------------------|------------------------|----------------------------------------------------------------|
| Sex of Child <u>Male</u> | Twin, Triplet or other _____ | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Dec 7</u> 19 <u>11</u> (Month) (Day) (Yr.) |
|--------------------------|------------------------------|-----------|--------------------------------|------------------------|----------------------------------------------------------------|

Full Name FATHER Homer B ElledgeResidence GlobeColor or Race White Age at last Birthday 26 (Years)Place ColoradoOccupation Locomotive EngineerFull Maiden Name MOTHER Anna NationsResidence GlobeColor or Race White Age at last Birthday 22 (Years)Birthplace ArizonaOccupation Housewife

| | | |
|-----------------------------------------|---------------------------------------------------------|------------------------------------------------------------------|
| Number of child of this mother <u>1</u> | Number of children, of this mother, now living <u>1</u> | Were Precautions taken against Ophthalmia neonatorum? <u>yes</u> |
|-----------------------------------------|---------------------------------------------------------|------------------------------------------------------------------|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, Dec 7 1911, at 4 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) E. P. M. Pheters
 (attending physician, midwife, householder, *)

Given or christian name added from a

Supplemental report _____ 1911

COUNTY REGISTRAR

Filed Dec 11 1911Filed Jan 5 1912Address Globe ArizB. G. Fox

LOCAL REGISTRAR.

B. G. Fox W.D.

COUNTY REGISTRAR.